

FAX TRANSMISSION**DATE:** December 1, 2004**PTO IDENTIFIER:** Application Number 09/600,073-Conf. #6625
Patent Number**Inventor:** Amena Saied et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP
Morris Liss**PHONE:** (202) 331-7111**Attorney Dkt. #:** 21029-00205-US**PAGES (Including Cover Sheet):** 11**CONTENTS:** Fee Transmittal
Two Month Request for Extension of Time Under 37 CFR 1.136(a)
Amendment in Response to Non-Final Office Action
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PTO/SB/97 (09-04)

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Application No. (if known): 09/600,073

Attorney Docket No.: 21029-00205-US

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Fee Transmittal

Two Month Request for Extension of Time Under 37 CFR 1.136(a)

Amendment in Response to Non-Final Office Action

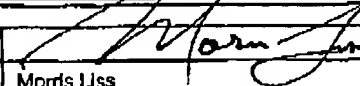
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PTO/SB/17 (11-04)

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FEE TRANSMITTAL for FY 2005				Complete if Known																																																																																			
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None <div style="margin-left: 20px;"> Deposit Account Number 22-0185 Deposit Account Name Connolly Bove Lodge & Hutz LLP </div>				2. EXTRA CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Each claim over 20</td><td style="text-align: right;">18</td><td style="text-align: right;">9</td></tr> <tr><td>Each independent claim over 3</td><td style="text-align: right;">88</td><td style="text-align: right;">44</td></tr> <tr><td>Multiple dependent claims</td><td style="text-align: right;">300</td><td style="text-align: right;">150</td></tr> <tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td style="text-align: right;">18</td><td style="text-align: right;">9</td></tr> <tr><td>For Reissues, each independent claim more than in the original patent</td><td style="text-align: right;">88</td><td style="text-align: right;">44</td></tr> </tbody> </table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44																																																														
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The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify):				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>11</td> <td>- 20 or HP =</td> <td style="text-align: right;">x</td> <td style="text-align: right;">= 0.00</td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20</td> </tr> <tr> <th style="text-align: left;">Indep. Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Fee Paid (\$)</th> </tr> <tr> <td>2</td> <td>- 3 or HP =</td> <td style="text-align: right;">x</td> <td style="text-align: right;">= 0.00</td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3</td> </tr> <tr> <td colspan="2">Multiple Dependent Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Subtotal (2) \$</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table>				Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	11	- 20 or HP =	x	= 0.00	HP = highest number of total claims paid for, if greater than 20				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	2	- 3 or HP =	x	= 0.00	HP = highest number of independent claims paid for, if greater than 3				Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)			Subtotal (2) \$	0.00																																																
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SUBMITTED BY Signature 				Registration No. 24,510 Telephone (202) 331-7111																																																																																			
Name (Print/Type) Morris Liss				Date December 1, 2004																																																																																			

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